



Monroe County Department of Human Resources
39 West Main Street, Room 210
Rochester, NY 14614-1471

CIVIL SERVICE EXAMINATION
CHANGE OF ADDRESS FORM

PLEASE COMPLETE THE FOLLOWING FIELDS TO INSURE ACCURATE ADDRESS CHANGE:

PLEASE PRINT NEATLY

Effective Date: _____

Print Name: _____

SS#: _____

NEW ADDRESS:

Street Address

City, State, Zip

Mailing address
if different from
home address: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

**THE FOLLOWING INFORMATION IS IMPORTANT FOR RESIDENTIAL CERTIFICATIONS
OF AN ELIGIBLE LIST**

*Missing, incomplete or inaccurate information may cause your name to be omitted from a
residential certification*

VILLAGE RESIDENCY: _____

TOWN RESIDENCY: _____

SCHOOL DISTRICT RESIDENCY: _____

FIRE DISTRICT RESIDENCY: _____

For Dispatcher, Firefighter and Public Safety Dispatcher titles for example

Signature: _____

I affirm that the information given above is true and correct. I understand that any false statements made is grounds for barring appointment and may result in termination.

THIS FORM MAY BE MAILED TO THE ABOVE ADDRESS OR FAXED TO: (585) 753-1728